



2010 VA/DoD Joint Venture Conference

**Key Revisions to
Department of Defense Instruction 6010.23
DoD and DVA Health Care Resource Sharing
Program**



Purpose

- Update on key changes to DoD policy in the revision
- Provide an opportunity for questions and discussion



Key Changes

- **Format:**

- Overall format will be different, but all section headers remain unchanged

- **Purpose Statement:**

- Remove reference to the JEC in this section

- **Definitions:**

- Add “Concept of Operations” as it applies to Joint Market Operations
- Delete “Joint Venture” – moved to Procedures section



Key Changes

- **Policy:**

- No Changes

- **Responsibilities:**

- Director DVPCO – reestablishes the offices with emphasis on clearinghouse field activity for OASD HA to monitor and facilitate, in coordination with MILDEPS, a resource sharing program that is of maximum benefit to our stakeholders



Key Changes

- **Procedures:**

- Replace “JEC” with “HEC”
- Adds Joint Ventures:
 - Definition updated to reflect the consensus language developed by AF OTSG in the JV Guidelines document. Emphasizes the strategic alliance nature of JV relationship that differentiates it from other sharing.
 - Also, integrates the collaboration framework being used by the HEC Joint Facilities Utilization & Resource Sharing WG to identify opportunities for enhanced sharing into the definition (e.g. connected, integrated, etc...)
 - Describes a formal approval process from local development to formal approval at the HEC



Key Changes

• **Procedures (Con't):**

- Add New Joint Market Opportunities Section
- Dual Eligibles – New section to emphasize 3 points:
 - Beneficiary freedom of choice
 - Beneficiary freedom from coercive actions or any attempt on the part of the MTF to actively influence the beneficiary to change their decision during an episode of care
 - MTF responsibility to beneficiary with benefits counseling to ensure the beneficiary is made aware of all the potential ramifications of their choice of benefit prior to the onset of an episode of care, and at anytime a beneficiary changes their mind



Key Changes

- **Procedures (Con't):**

- Reimbursement - paragraphs updated to be current with latest guidance from HEC FMWG
- Reporting Requirements - “Performance Measure Reporting” language expanded to include a broader view of “value” to include cost efficiency and improved access and beneficiary satisfaction